"An Internationally Accredited Agency"



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff 2273 COUNTY CAMP ROAD POST OFFICE BOX 310 APPLING, GEORGIA 30802-0310 (706) 541-1043



CRIMINAL HISTORY CONSENT FORM

NAME:					
	FIRST		MIDDLE	LAST	MAIDEN
ADDRESS	STREET			P.O. BOX	ζ
	CITY		STATE	ZIP CODE	TELEPHONE NUMBER
RACE:		SEX:		HEIGHT:	WEIGHT:
EYE COL	OR:	HAIR COLO	R:	DOB:	
SSN:			PLACE	OF BIRTH:	
REASON 1	FOR REQUEST	Γ: Child A	Abuse (Case	e#) *must have copy of report attached
Ne	eglect	Adoption _	Foste	er Care	Other
Special em	ployment provi	sions (check if ap	plicable)		
☐ Em	ployment with 1	mentally disabled	(Purpose co	ode 'M')	
□ Em	aployment with elder care (Purpose code 'N')				
□ Em	ployment with children (Purpose code 'W')				
□ Em	ployment with criminal justice agency- non-sworn (Purpose code 'J')				
□ Em	ployment with	criminal justice ag	gency – swo	orn (Purpose code 'Z	Z')
I,				, AUTHORIZE	THE PERSON LISTED BELOW TO
					ΓΥ SHERIFF'S OFFICE.
	SIGN	IATURE			
		NAME OF AG	ENCY / INDIV	IDUAL TO RECEIVE RI	ECORD
	S FORM MUST ATION****	BE FILLED OU	T COMPL	ETELY AND NOT	ARIZED FOR RELEASE OF
NOTARY SIG					